|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Please complete all relevant sections of the form and ensure all information is accurate.*  **Email Completed form to** [**Intake@gallangplace.org.au**](mailto:Intake@gallangplace.org.au)  *ALL information on this form is treated as confidential as per Gallang Place’s Policies and Procedures* | | | | | | | |
|  |  | | | Tracker ID | | |  |
| Intake Officer |  | | | Date received | | |  |
| ProGRAM allocated  *SEND NDIS through PRODA* | Fee For Service  EAP  OTHER  BSPHN  LLLS  PMC  NPSM | | | HEALING TEAM | | |  |
|  | | | | | | | |
| ***Client Details*** | | | | REFERRAL DATE | | |  |
| Name |  | | | DATE OF BIRTH | | |  |
| Address |  | | | | | | |
| PHONE |  | | | TEXT MSG Ok?\* literacy/ Safety | | | Y N |
| GENDER | MALE FEMALE OTHER | | | | | | |
| ABORIGINAL | | TORRES STRAIT  ISLANDER | BOTH | | | NON-INDIGENOUS | |
|  | | | | | | | |
| REFERRal TYPE: | | Counselling | MENTAL HEALTH SUPPORT (NPSM) | | | | |
| Do you have a clinical Diagnosis  (eg anxiety, depression) | | Y N  *If Yes, please specify in notes section* | Do you Currently access NDIS | | Y N  in progress /applying | | |
| **Type of Support: *Only if comfortable providing*** | | | | | | | |
| Abuse - Sexual  Abuse - Physical  Anger Management  Behavioural  Domestic Violence | | Drug / Alcohol  Grief and Loss  Housing  Neglect  Parenting | Relationship  Suicide / Self Harm  Self-esteem  Sexuality  Trauma | | | Anxiety  Depression  Stress  Workplace issues  Homelessness  Other, *please specify in*  *notes section* | |
| ***Notes***  *I have attached additional information* | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| ***Referrer Details IF self Referral –*** *please identify other service providers* | | | | | | | |
| Agency  Self REFERRAL  Family/Friend  Internal Gallang  V4.5 .2 01.09.21 | | | | | | | |
| REFERRER Name | |  | Relationship | | |  | |
| REFERRER ADDRESS/ email | |  | | | | | |
| REFERRER Contact No. | |  | AGENCY [IF APPLICABLE] | | |  | |
| How did you hear about Gallang | | word of mouth Google/ search Probation and Parole  DoCTor/ Counsellor PREVIOUS CLIENT Other | | | | | |